

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/020531	Filing Date 12-14-2001		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1					51			
2		1				52			
3						53			
4		1				54			
5						55			
6						56			
7		1				57			
8						58			
9		2				59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17	1					67			
18		1				68			
19						69			
20		1				70			
21						71			
22						72			
23		1				73			
24						74			
25						75			
26						76			
27						77			
28						78			
29		1				79			
30						80			
31						81			
32						82			
33						83			
34		1				84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	2					Total Indep			
Total Depend	15	←	←	←		Total Depend	←	←	←
Total Claims	17					Total Claims			

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